

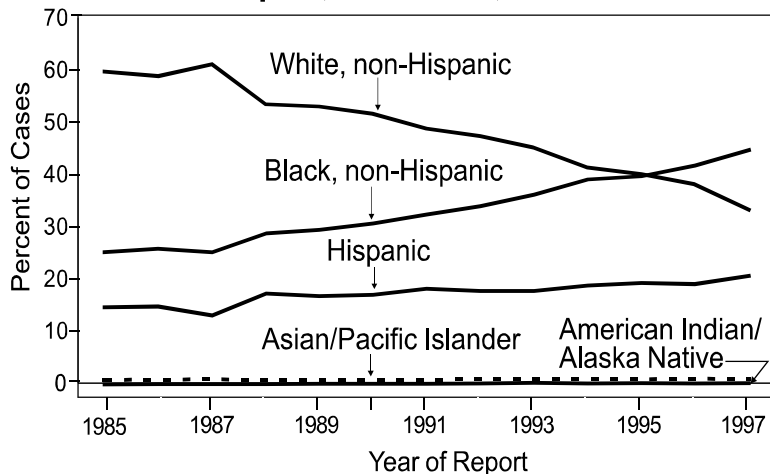
Critical Need to Pay Attention to HIV Prevention for African Americans

In the United States, African Americans have been disproportionately affected by HIV and AIDS. Through December 1997, CDC had received reports of 230,029 cases of AIDS among African Americans. Although that is 36% of the 641,086 cases reported, African Americans represent only an estimated 13% of the total U.S. population.

Researchers estimate that 240,000-325,000 African Americans are infected with HIV. Approximately 1 in 50 African-American men and 1 in 160 African-American women are believed to be infected with HIV. Of those infected with HIV, it is estimated that 93,000 African Americans are living with AIDS.

In 1997, more African Americans were reported with AIDS than any other racial/ethnic group. Of the total AIDS cases reported that year, 45% (27,075) were reported among African Americans, 33% (20,197) were reported among whites, and 21% (12,466) were reported among Hispanics. Among women and children with AIDS, African Americans have been especially affected, representing 60% of all women reported with AIDS in 1997 and 62% of reported pediatric AIDS cases for 1997.

**Proportion of AIDS Cases by Race/Ethnicity and
Year of Report, 1985-1997, United States**



HIV Data Show These Trends Are Continuing

HIV data from a recent CDC study comparing HIV and AIDS diagnoses in 25 states with integrated reporting systems provide a much clearer picture of recent shifts in the epidemic, with a larger percentage of HIV than AIDS cases diagnosed among African Americans, especially women. During the period from January 1994 through June 1997, African Americans represented 45% of all AIDS diagnoses, but 57% of all HIV diagnoses. Among young people (ages 13 to 24), 63% of the HIV diagnoses were among African Americans.

CDC's HIV Prevention Efforts Targeting African Americans

The disproportionate impact of HIV/AIDS on African Americans underscores the importance of increasing prevention efforts in this community. HIV prevention efforts must take into account cultural issues, as well as social and economic factors – such as poverty, underemployment, and poor access to the health care system – that impact many U.S. minority communities. For over a decade, CDC has worked closely with national-, regional-, and community-based organizations to design and implement HIV prevention efforts directed to African Americans. Clearly, the most effective programs are those designed and implemented by the African-American community itself.

CDC is currently supporting, directly or indirectly, hundreds of community-based organizations across the United States in implementing programs and providing HIV prevention services to the African-American community. Programs focus on a wide range of activities, including risk-reduction counseling, street and community outreach, prevention case management services, and efforts to help individuals at risk gain access to HIV testing and treatment and related services.

Additionally, to help establish greater capacity within the African-American community to provide HIV prevention services, CDC has instituted a program to assist national and community-based organizations serving these communities in building the infrastructure needed to deliver HIV testing, counseling, health care, and support services. And because of the critical role the faith community plays in mobilizing community leaders and in reaching and serving the community at large, CDC established a collaboration with the faith community in 1987 as part of multi-sectoral program to encourage positive response to, and participation in, HIV prevention. While the effort began modestly, with direct funding to faith organizations of roughly \$100,000 the first year, the program had grown to \$500,000 annually by 1994 and to the current funding level of \$900,000 in 1997. Roughly half of this initiative currently targets the African-American faith community.

CDC has several major initiatives and numerous research projects designed to reach the African-American community including:

- CDC currently provides \$253 million in funding to state and local health departments for HIV prevention programs. Since December 1993, CDC has funded a process designed to put more of the decisions about how these prevention funds are directed in the hands of the communities affected. Under this process, HIV Prevention Community Planning, health

departments are required to establish priorities in conjunction with a planning group that brings together health department staff, representatives of affected populations, epidemiologists, behavioral scientists, service providers, and other community members to identify prevention needs and interventions to meet these needs.

This process helps ensure that HIV prevention efforts are locally relevant and address the unique epidemic and prevention needs of each community.

CDC has conducted several recent assessments to determine what proportion of these funds are used to reach minority populations. While not all programs are targeted by race (some, for example, target high-risk communities such as injection drug users or people being treated in STD clinics, which include individuals from multiple races), it is clear that a significant proportion of funding for major programs, such as counseling and testing and risk reduction programs, are targeted to African Americans. Of programs identified as specifically targeting a racial/ethnic group (representing \$143 million), 36% of programs (\$52 million) target African Americans. By comparison, 36% target Caucasians, and 22% target Hispanics.

- CDC also directly funds minority and other community-based organizations to design and implement HIV prevention programs that are highly targeted to high-risk individuals within racial and ethnic minority populations. Many serve gay and bisexual men of color or injection drug users as their primary focus. CDC currently provides \$18 million to fund 94 community-based organizations through this program. Seventy-one (76%) of these organizations direct their programs to African Americans.
- CDC funds a \$9 million program to assist National and Regional Minority Organizations in building capacity to deliver HIV prevention programs and services within these communities. Many of these organizations directly serve the African-American community. Organizations supported through this initiative include the National Organization of Black County Health Officials (\$450,000), the National Minority AIDS Council (\$455,000), the Association of Black Psychologists (\$320,000), the National AIDS Minority Information and Education Program (\$291,000), and the National Council of Negro Women (\$451,000).
- Last year, to further evaluate the current capacity of community-based organizations serving minority organizations, CDC funded the Harlem AIDS Directors (\$400,000) to conduct an assessment to identify unmet needs.
- Additionally, CDC conducts numerous behavioral research projects aimed at reducing HIV infection in the African-American community. For example, the prevention of HIV in Women and Infants Project is a community-level behavioral intervention research project targeting young women ages 15-34. The project is designed to improve the understanding of factors influencing women's behavior changes regarding condom and contraceptive use and to improve the development and delivery of prevention interventions. Another example is the Young African-American Men's Study. This study is a 2-year formative study to prevent HIV/AIDS in young African-American men. Data are being collected in Chicago and Atlanta through interviews, observations, and group discussions with community leaders, health care providers, and young men who have sex with men. In addition to these examples,

there are numerous research projects designed to better understand risk behaviors and design effective interventions for African Americans at highest risk for HIV infection, including injection drug users, women who are partners of injection drug users, individuals with high rates of STDs, and young gay and bisexual men of color.

There is no question that as long as the epidemic continues to spread in the African-American community, these programs must continue, and even more must be done. It is also clear that the public sector alone can not successfully combat HIV and AIDS in the African-American community. Overcoming the current barriers to HIV prevention and treatment requires that leaders in the community acknowledge the severity of the continuing epidemic among African Americans and play an even greater role in combating HIV/AIDS in their own communities.